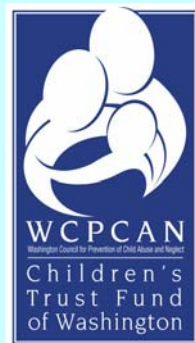


Washington Council for Prevention of Child Abuse & Neglect



Community-Based Funded Programs Outcomes Report

July 2001 – June 2002

Prepared by Tim Gahm, Program Manager
October 2002

Executive Summary

Washington was the first state in the nation to create a separate agency of state government solely dedicated to the prevention of child abuse and neglect. As noted in our originating legislation, "It is the intent of the legislature that an increase in prevention programs will help reduce the breakdown in families and thus reduce the need for state intervention and state expense". The Washington Council for Prevention of Child Abuse and Neglect, (WCPCAN) is funded through the states general fund, donations made to the Children's Trust Fund and approximately one half of our budget is leveraged from federal funds through the Child Abuse Prevention and Treatment Act (CAPTA).

Since 1982 WCPCAN has invested in 166 distinct child abuse prevention programs throughout Washington. These programs provide front line supports for our most vulnerable families. Programs are selected based on their research-based theoretical model, their ability to deliver outcomes, and their ability to leverage resources within their community.

The goal of all WCPCAN funding is the prevention of child abuse and neglect. Given the importance of this goal WCPCAN places a very high value on the capacity of community-based programs to report program outcomes assuring that state dollars invested in prevention services are being spent wisely. This report summarizes the outcomes of sixteen community-based programs funded by WCPCAN during the 2001 – 2002 Fiscal Year.

WCPCAN funds four types of community-based programs:

- (1) Home visitation programs that provide services to families with infants and young children.
- (2) Parent education programs that use a formal structure and curriculum to help parents develop and refine parenting skills.
- (3) Parent support groups that provide parents a social support network and environment to enhance parenting skills.
- (4) Crisis nurseries that offer respite care and support to families in crisis.

Vulnerable families with multiple needs often require an array of family support services in order to reduce the risks factors associated with child abuse and neglect. In response, most of our funded programs provide more than one kind of service. As one example, each of our three crisis nursery programs provide as a primary service, crisis and respite care for families with young children. Additionally, each of these programs provide parent support or home visitation services for those families assessed as high risk for a continuing spiral of crisis if further community supports are not in place, (see table 1 for details).

Table 1

Program Types	Primary Program Services	Adjunct Program Services
Home Visiting	5	4
Parent Education	3	3
Parent Support	5	6
Crisis Nursery	3	2
Total	16	15

The data reported throughout this report is derived directly from the Year End Reports submitted by each program to WCPCAN following completion of annual funding. Each program received technical support from WCPCAN staff as well as the independent evaluation team at Organizational Research Services, a nationally recognized leader in outcome-based planning and evaluation. This support includes on-site assistance in developing evaluation tools, establishment of database systems and assistance with data analysis. All programs are invited to attend a training workshop on reporting outcome results and developing their Year End Reports. We believe through the evidence of continuing quality improvements in program outcome reporting that this capacity building approach best assures that community-based programs develop both the technical abilities and understanding of the value associated with service evaluation.

Numbers Served

Year End Reports indicate that the programs served 1,888 adults and 1,877 children. Services were provided by 24.32 full-time equivalent paid staff and 374 community volunteers. Volunteer hours totaled 7,731. Valued at \$10.00 per hour, community volunteers contributed \$77,310 worth of services.

Cost-Benefit

Sixteen community-based programs were funded at a total of \$541,137 during fiscal year 2001 – 2002. Totaling the number of adults and children served and applying the granted allocation provided these programs equates to an average cost of \$143.72 per participant. The outcomes demonstrated within this report help assure us that the state and federal tax dollars invested in prevention services are being spent wisely.

Numbers Served

Agency	Contract No.	Adults	Children	Subtotal	Cauc	AA	Hisp	NA	API	Other	Subtotal
Youthnet	K-350201	63	47	110	51	1	34	22	0	2	110
Mary Bridge Children's Hosp	K-350202	39	56	95	55	11	8	2	15	4	95
Chelan Douglas DOH	K-120203	29	29	58	35	5	11	3	4	0	58
Central WA Comprehensive Mental Health	K-120204	95	64	159	67	2	67	23	0	0	159
Yakima Valley Farm Workers Clinic	K-120205	119	182	301	0	0	301	0	0	0	301
St. James Family Center	K-120206	83	74	157	149	6	0	2	0	0	157
Grays Harbor Crisis Nursery	K-350207	94	158	252	154	14	60	21	2	1	252
Family Support Center of South Sound	K-350308	55	52	107	99	3	4	1	0	0	107
Volunteers of America	K-120209	99	75	174	107	20	3	7	1	36	174
Spokane County Cooperative Extension	K-120210	63	58	121	98	9	1	11	2	0	121
Safe Harbor Crisis Nursery	K-350211	170	310	480	278	31	107	1	3	60	480
Orcas Island Family resource Center	K-120212	46	41	87	81	6	0	0	0	0	87
Nooksack Valley School District	K-120213	36	40	76	32	0	38	4	1	1	76
First Step Family Support Center	K-350214	16	17	33	32	0	0	1	0	0	33
Vancouver Children's Therapy center	K-120215	191	327	518	376	27	64	6	19	26	518
Lutheran Social Services	K-120216	690	347	1037	2	12	1017	0	6	0	1037
Total		1888	1877	3765	1616	147	1715	104	53	130	3765
Average		79.87	102.00	181.87	107.60	9.00	46.53	6.93	3.13	8.67	181.87
Standard Deviation		50.29	98.59	146.85	100.61	9.94	77.72	8.34	5.82	17.86	146.85

Cauc: Caucasian
 AA: African American
 Hisp: Hispanic
 NA: Native American
 API: Asian / Pacific Islander

Agency	Contract No.	Special Populations with Disabilities-Adult	Special Populations with Disabilities-Children	Subtotal
Youthnet	K-350201	0	0	0
Mary Bridge Children's Hosp	K-350202	5	41	46
Chelan Douglas DOH	K-120203	4	7	11
Central WA Comprehensive Mental Health	K-120204	8	3	11
Yakima Valley Farm Workers Clinic	K-120205	0	0	0
St. James Family Center	K-120206	7	4	11
Grays Harbor Crisis Nursery	K-350207	51	72	123
Family Support Center of South Sound	K-350308	3	8	11
Volunteers of America	K-120209	33	1	34
Spokane County Cooperative Extension	K-120210	5	6	11
Safe Harbor Crisis Nursery	K-350211	37	64	101
Orcas Island Family resource Center	K-120212	3	5	8
Nooksack Valley School District	K-120213	3	13	16
First Step Family Support Center	K-350214	15	11	26
Vancouver Children's Therapy center	K-120215	23	86	109
Lutheran Social Services	K-120216	4	5	9
				0
TOTALS		201	326	527

Program Goals

Each program funded by WCPCAN is required to report on at least one program outcome at the end of each fiscal year. WCPCAN recognizes eight protective factor goals / outcomes which, based upon the most currently available research and information on best practices in child abuse prevention, seem to make the most difference in determining a child's chances for growing up in a protective environment.

- 1. Nurturing and Bonding:** Activities that teach parents and caretakers to respond appropriately to the basic needs of their babies and young children. Activities that stimulate brain development and a positive attachment between caregiver and child. Examples include: breast feeding and proper nutrition, holding a baby, listening to and differentiating their cries and other forms of communication, play with, cuddling, and touching babies and young children, choosing appropriate toys, keeping a safe home environment, understanding sleep needs, attending to routine health needs and knowing when to seek help for serious health concerns, etc. These are activities which lay the foundation for a positive and loving relationship between the child and the caretaker.
- 2. Responsive Social Network:** Activities that teach parents and caretakers how to access needed educational, social, and health services for themselves and their child(ren). Caretakers learn about the availability of services in their community and how to access them. Caretakers learn how to reach out to other parents and develop informal relationships with others who are caring for children. Caretakers learn to develop the strength of help seeking. Issues of concern might include child care, housing, employment, recreation, education, etc.
- 3. Knowledge of Child Development:** Activities that teach parents and caretakers the usual steps in their child's development, and how to recognize if their child needs special help. Caretakers learn about their child's developmental milestones, what gross and fine motor skill development is, what their child should be able to do at certain broad age range levels, and how to guide their child's development. Caretakers learn about their child's social, mental and physical development. Specific topics might include, feeding, toilet training, toys and play, reading, increasing responsibilities, walking, and talking to name a few examples. This knowledge ensures that parents will develop realistic expectations of their children. Caretakers learn to put into perspective what their children can do at a certain age, e.g. caretakers learn that it is not reasonable for a six month old to be toilet trained, that you can't spoil babies by picking them up, that some babies are colicky and may cry incessantly, that two year olds need help getting dressed, etc.
- 4. Effective Problem-solving:** Activities that teach parents and caretakers to recognize who owns a problem and how to effectively solve it. Caretakers learn to hold family meetings, develop listening skills, brainstorm, take responsibility for behaviors and situations they want changed, and how to communicate their needs and feelings. Caretakers and parents learn to ask for help and how to appropriately help others.

5. **Effective Communication:** Activities that teach parents and caretakers to be assertive, take responsibility for their needs and feelings, and listen to others. Caretakers learn to use "I" statements, active listening, observation, reflective listening, and how to take a "time out" from an out of control situation. Caretakers are encouraged to learn to manage their anger, identify and understand their feelings, and communicate this in a way others will listen and respond to appropriately. Caretakers learn how to develop these skills in their children and teach them to be effective communicators. Effective communication can be a component of effective problem-solving.
6. **Stress Management:** Activities that teach parents and caretakers to create a balanced life that includes activities and relationships of a social, physical, spiritual, intellectual, and psychological nature. Caretakers learn to balance their lives and address all of these areas. Caretakers learn to understand what they can control and what they can't and how they can let go of what they can't control. Caretakers and parents learn about their own self-talk and what issues push their emotional 'buttons'. Caretakers may learn relaxation exercises, how to find a good therapist, the importance of time away from children engaging in fun activities with other adults, and how to take time for oneself. Parents learn about the importance of healthy behavior including exercise and healthy food. Parents also learn that they cannot take adequate care of their children if they do not take care of themselves.
7. **Non-punitive Discipline and Guidance:** Activities that teach alternative discipline methods to parents and caretakers. Caretakers learn the myths of physical punishment **and** about the damage it can cause. They learn how to avoid power struggles with their children, how to use techniques like time-out, diversion, planned ignoring, distraction, family meetings, restrictions and loss of privileges, effective praise, contracting, eye and body contact, positive attention, listening, using a strong statement, effective restraints, how to use humor, limit setting and rule development, reasoning, negotiation, and logical and natural consequences. Parents also learn what techniques work best for different age children, and that not all techniques work with all children. They learn what techniques they are comfortable using and how to confidently try new approaches. Parents learn to use these approaches within their own cultures, and family structures.
8. **Effective Life Management & Self-sufficiency Skills:** Participants learn to develop skills in daily life management and to be economically self-sufficient. These skills include: budgeting and family income management, economical and healthy meal preparation, finding adequate housing, child care, applying for financial assistance when vocational training, job interview preparation, needed resume development, employment seeking skill development, and vocational and career assessment. Participants may learn skills and gain resources to balance work and family needs and to develop their basic education skills, work towards high school completion, GED achievement, or English as a second language skills. Program services are designed to assist participants in developing skills that will help them effectively manage their daily lives, and the resources they have.

Program Outcomes

Related to Responsive Social Support Network

Eight programs selected participants' development of a responsive social support network as their primary reporting outcome. Although the service activities of these programs vary widely each of these programs work with populations that either suffer significant levels of social isolation and or are in need of developing formal community supports in order to meet their families basic needs. Service providers utilized a variety of methods for measuring amount and quality of participant gains in social support networks. The majority of measurement tools were developed and adapted concomitantly to the target population and the unique service matrix of each WCPCAN funded program through consultation with Organizational Research Services.

Funded programs often use a “sample size” in recording their outcomes thus in outcome reporting a selected group of participants (most often the “highest risk / need participants) are targeted for evaluation monitoring. The sample size is noted as the “N” identified for each program outcome report.

In some cases, programs recorded data on two outcomes. In these instances the primary outcome is identified as (1) and the secondary outcome as (2).

First Step Family Support Center Clallam County Supported Parenting Program

The Clallam County Supported Parenting Program provides intensive services through home visitation and case management to parents who have developmental disabilities and are raising their children. Access to social support systems is imperative to this population if their children are to be assured of appropriate nurturing and environmental safeguards within the home.

Measurement Tool Outcomes

Support Map, recorded at entry, 6 months and @ 12 months	<ul style="list-style-type: none">■ Practical Support: 100% of the families identified 2 or more sources of formal support*.■ Emotional Support: 100% of the families identified 2 or more sources of informal* and formal supports (resources where a response to emotional needs could be accessed).■ Financial Support: 63% of the families identified 2 or more sources of informal support and 100% identified 2 or more sources of formal support■ Advise: 50% of the families identified 2 or more sources of informal support and 100% of the families identified 2 or more sources of formal support <p>Formal support = organizational resources Informal support = family friends or neighbors</p>
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Vancouver Children's Therapy Center Crisis Nursery & Family Support

A crisis nursery and family support program targeting low-income, special needs families and the general public with children birth to eight. The sample size is specific to persons identified at initial assessment as having a need for community resources beyond those offered by the crisis nursery. These participants are offered a range of potential community resources to meet their individual / family needs (financial, medical, childcare, etc.)

Measurement Tool Outcomes

Family Service Determination & Follow-up developed by Organizational Research Services	<ul style="list-style-type: none"> ■ 80% of participants (n=70) affirmatively responded to the (post) question “have you made contact with people who can help?” ■ 72% of participants (n=58) affirmed that they now feel more competent to handle a future crisis.
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“You are the only person who has ever tried to help me. I have been looking for childcare for a year. I am glad I found your program” - Parent needing childcare

**Lutheran Community Services
Familias Unidas**

The Familias Unidas program is located in the Latino Resource Center in Everett and provides parent education and support services to Spanish Speaking families many of whom lack the language skills and familiarity necessary to navigate mainstream community resources without assistance. The identified needs of the 50 participants surveyed included:

- Food: 71%
- Clothing: 96%
- Housing: 88%
- Parenting: 71%
- Employment: 57%

Measurement Tool Outcomes

Post-service survey developed by Organizational Research Services	<p>N = 50</p> <ul style="list-style-type: none"> ■ 94% were able to find the community resources to help them ■ 86% had contacted those resources ■ 80% had received the support they required
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A homeless young woman with an infant son sought out support from Familias Unidas. Staff members were able to assist her in obtaining emergency shelter and later a place to live and ESL classes. Eventually they also assisted her in obtaining employment.

**Nooksack Valley School District
Center for Children and Families, Birth to Three Project**

The Center for Children and Families is based at Nooksack High School, the result of a commitment of the Nooksack School District to make every effort that rurally isolated families receive the services required in order that infants and young children are protected and prepared to later enter school with every opportunity to succeed. On-site and outreach services focus on identification of children with developmental delays and issues around child and family health care.

Measurement Tools Outcomes

<p>(1) Social Support</p> <ul style="list-style-type: none"> • Social Network Survey • Health Survey • Bright Futures Records 	<p>N = 14 parents of children ages 0-3</p> <ul style="list-style-type: none"> ■ 13 / 14 completed surveys indicated high agreement (4-5 on a 0-5 scale) that they had increased their social support network improving their ability to: <ul style="list-style-type: none"> ○ Discuss the challenges of parenting ○ Increasing the number of persons they could talk to regarding those challenges ■ 14 /14 indicated increased use of resources including <ul style="list-style-type: none"> ○ 14 identified having a medical home ○ 14 current with their child's immunizations ○ 14 current or in process of compliance with well-child examinations
<p>(2) Knowledge of Child Development</p> <ul style="list-style-type: none"> • Parenting Ladder 	<p>N = 28</p> <p>The Parenting ladder scale measures five areas of knowledge related to the developmental needs of children, 1) knowledge of how children grow and develop 2) confidence in knowing what's right at what stage 3) ability to create a safe environment 4) skill at finding fun activities and 5) building a strong (parent-child) relationship.</p> <ul style="list-style-type: none"> ■ 10 parents identified growth in all five areas of the ladder ■ 4 parents identified growth in four areas ■ 4 parents identified growth in three areas ■ 4 parents identified growth in two areas ■ 2 parents identified growth in one area ■ 4 parents reported "no change"

The Nooksack Valley Center for Children and Families received a national award for "Communities that Can", one of only five communities in the nation to receive the "Community of Excellence Award" presented in Washington D.C. in May 2002. This award recognizes communities who are blending key federal, state and local dollars to increase services to families with children birth to eight.

"If anyone had told me that I could enroll my child in a preschool where she could get speech therapy, AND I could come to a parent class and have a discussion with a pediatrician about nutrition AND there would be an infant class where my baby could have a good time...I would have said, had GOD become a WOMAN?"

Nooksack Participant

Children's House Family Resource Center

Birth to Four Projects

Located on Orcas Island, the Birth to Four Project provides primary services to every family with a newborn and home visitation, drop-in and respite care services to low-income high –risk families with young children. Extreme social isolation and a lack of basic needs are documented “risks” associated with this population on Orcas Island.

Measurement Tool Outcomes

Home Visiting Question Guide (developed in consultation with Organizational Research Services)	<p>N = 16 (Families who received extensive home visiting and office family support services).</p> <ul style="list-style-type: none">■ 81% of clients demonstrated consistent progress in identifying positive support persons (consistent defined as 50% of the time)■ 44% of clients demonstrated consistent progress in accessing social support (more than 50% of the time) and 31% demonstrated moderate progress in accessing social support (11 to 49% of the time)■ 37% of clients demonstrated consistent progress in getting their identified needs met (consistent defined as 50% of the time) and 44% demonstrated moderate progress in accessing getting their needs met (11 to 49% of the time)■ 18% of clients demonstrated little or no progress in getting their needs met, (less than 10% of the time)
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Safe Harbor Crisis Nursery Parent Support Program

Located in Kennewick and serving the Tri-City area Safe Harbor is a crisis nursery providing up to 72 hours of (crisis) childcare for children birth to age eight. Families with few resources often require immediate access to childcare due to family crisis or circumstances that would jeopardize child well-being. The need for this service is dramatically reflected in data reporting Safe Harbor’s provision of 14,979 hours of childcare during the past year. Beyond childcare Safe Harbor also offers family support case management services to those families having no or few community resources to assist them in averting a continuing cycle of crisis. Outcome data for this program is specific to those “high-risk” families.

Measurement Tool Outcomes

Safe Harbor Intake (baseline data) & Family tracking Form (developed with support by Organizational Research Services).	<p>N = 22</p> <ul style="list-style-type: none">■ 14/22 families reported accessing services as a result of referrals & assistance provided by Safe Harbor staff..■ 12/14 families accessing community services were satisfied with the help they received.■ 6/22 families reported that they had not accessed or used the community services linkages provided by Safe Harbor. Further exploration of additional means to assist these families will be explored by staff members.■ 8/22 of these families reported homelessness at the time of their first contact with Safe Harbor. Only 1/22 continued to report a severe housing issue in June, 2002.
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The Family Support Center of South Sound Kinship Care

The Washington State Institute for Public Policy report on Kinship Care in Washington State released in June of 2002 identifies 32,000 children in our state currently residing in kinship care homes. The result of a survey of kinship providers conducted as a part of this report also identifies the need for support groups as a significant need of this population.

The Kinship Care Project provides support groups for relative caregivers and their children in the south sound area. One of the more prevalent needs identified for group participants was to ameliorate their feelings of social isolation through the opportunity of support by other kinship caregivers who share their experience. This support can make a critical difference in a kinship caregiver's capacity to continue providing a home for their child.

Measurement Tool Outcomes

Participant Survey (developed in consultation with Organizational Research Services).	<p>Data specific to (N=27) survey respondents</p> <ul style="list-style-type: none"> ■ 92% of participants strongly agreed/agreed with the statement "Through my participation in this group I received helpful information and resources. ■ With the understanding that 1=true, 2=somewhat true and 3=very true respondents indicated an average score of 2.7 to the statement <u>Now</u> I know people that I can talk to about kinship care" and a 1.4 <u>before</u> attending the support group.
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"I don't know where I'd be emotionally if it were not for this group and its facilitators. Coming to share with others and learn has been the most valuable experience of my (our) life. To support each other, to listen and have presenters give us ideas to help cope with our particular needs and the welfare of our precious children." Kinship Care Participant

Grays Harbor Children's Advocacy Center Crisis Nursery Campaign

The Crisis Nursery Campaign serves families with children birth through eight years of age offering immediate access to childcare due to family crisis or circumstances that would jeopardize child or family well-being. The Crisis Nursery provided 2,763 hours of care to 158 unduplicated children during this, its first year of operation.

Like other Crisis Nursery projects outcome data collected was specific to the highest need/risk families served by the project. These families came to the nursery identifying significant degrees of social isolation coupled with few if any, community supports. Beyond childcare these families were provided referral and case management services intended to increase their social supports thus averting a continuing cycle of crisis and need for higher levels of intervention. Thirty-nine families participated in the family support component of the program representing 45% of the total families served.

Measurement Tool Outcomes

Family Service Determination & Follow-up developed by Organizational Research Services Transitional Assessment-record reviews & parent interviews Parent Self-Assessment Checklist designed by MICA, Inc.	N=39 <ul style="list-style-type: none">■ 95% of families established regular permanent childcare services.■ 100% of families increased the number of community connections by two or more (connections), 59% by two to three and 28% by four to six and 13% by seven or more. Categories include early childhood education, social service needs, primary care/medical providers, etc.■ 87% were able to identify a parenting mentor prior to transitioning out of the Crisis Nursery. Mentors include family, neighbors, church parishioners, friends & individual members of local support groups.■ 54% set & made measurable progress through self-assessment process. Goals were set in eight of the ten life domains including shelter, physical/mental health, employment, education, nutrition, transportation, alcohol & substance abuse and family relationships.
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Program Outcomes**Related to Nurturing and Bonding**

Three programs focused on Nurturing and Bonding as their primary outcome focus. Two of these programs provide home visitation services and the other an intensive therapeutic parent education-parent support model. All three of these programs are distinguished by their work with extremely high-risk populations and by their use of research-based, replicated program models.

The two home visitation programs each utilized a standardized measurement tool, the NCAST Scales developed by Katherine Barnard, RN, Ph.D. of the University of Washington. This scale documents caregiver sensitivity to baby cues, responsiveness to baby distress, and the caregiver's ability to promote and foster cognitive and socio-emotional growth. Another evaluation protocol was designed with consultation from Organizational Research Services for use within the unique structure and activities of the psycho-therapeutic education program offered by Spokane's Protective Strategies of Young Families Project.

**Volunteers of America
Protective Strategies for Young Families**

This project serves homeless teens in Spokane who are pregnant and or parenting young children. The program is based on attachment theory and through the exploration of attachment issues teen parents improve in their self-awareness and confidence in responding to and communicating with their young infants. Most of these teens suffer a significant history of familial disruption including many having been victims of abuse and neglect themselves. Although the outcomes for this project reflect a very small sample size the underscoring risk that these mothers and their children face to continue a multi-generational cycle of abuse and neglect cannot be over-emphasized. Additionally, the nine participants identified in this outcome group completed a total of thirty-five week course of group treatment, a remarkable retention for this population.

This project is adapted from “The Circle of Security” protocol developed by Bert Powell, Glen Cooper and Dr. Kent Hoffman of Spokane’s Marycliff Institute. Dr. Hoffman was the therapeutic facilitator for this project. This model is receiving both national and international recognition for exceptional prevention practice.

Measurement Tool Outcomes

Retrospective Participant Survey developed in consultation with Organizational Research Services	N=9		
	I feel I am able to understand what my child’s cries mean		
		Before I came to these classes	Now
	Very Often		6
	Often		3
	Sometimes	5	
	Seldom	3	
	Not Very Often		
	When my child is crying, I try to comfort him/her		
		Before I came to these classes	Now
	Very Often	2	6
	Often	2	3
	Sometimes	4	
	Seldom		
	Not Very Often		
	If my needs get met, I can better meet my child’s needs		
		Before I came to these classes	Now
	Very Often	1	6
	Often	1	2
	Sometimes	2	1
	Seldom	3	
	Not Very Often		
	I look into my child’s eyes		
		Before I came to these classes	Now
	Very Often	2	7
	Often	1	2
	Sometimes	2	
	Seldom	2	
	Not Very Often		
	My child tries to make eye contact with me		
		Before I came to these classes	Now
	Very Often	3	7
	Often	1	1
	Sometimes	2	1
	Seldom	2	
	Not Very Often		
	I pick up and hold my child		
		Before I came to these classes	Now
	Very Often	3	6

	Often		3
	Sometimes	4	
	Seldom	1	
	Not Very Often		
	I play with my child in a way that helps him/her learn		
		Before I came to these classes	Now
	Very Often	2	6
	Often	1	3
	Sometimes	2	
	Seldom	3	
	Not Very Often		
	When I comfort my child, he/she stops crying		
		Before I came to these classes	Now
	Very Often	1	4
	Often	2	5
	Sometimes	1	
	Seldom	3	
	Not Very Often	1	
	My child starts to play with me		
		Before I came to these classes	Now
	Very Often	1	7
	Often	2	2
	Sometimes	2	
	Seldom	3	
	Not Very Often		

Chelan-Douglas Health District Public Health Nurse Home Visitation Program

The Public Health Nurse Home Visitation Program serves low-income, first time mothers. The program model is based on a 20-year program of research on the Nurse Home Visiting Program by Dr. David Olds. Although national data has been easily accessible regarding this program model few state replication projects have been implemented to further assess the value of this prevention service. Chelan-Douglas has successfully implemented their home visitation services during the past three years thus are able to contribute to the available state-specific information of the benefits associated with this approach.

Measurement Tools Outcomes

NCAST Scales & PPF Card Sort	19 Feeding Scales administered <div> ■ N= 19 Participants (100%) scored 52 or better </div> 26 Teaching Scales were administered
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NCAST Feeding Scales Administer 1 x 6 weeks - 6months 1 x 6 months – 12 months	<ul style="list-style-type: none"> ■ N= 26 participants (100%) scored 52 or better <p>The scoring of NCAST scales is used as a teaching tool to assist parents to be more sensitive to infant cues, more sensitive to distress, promote social emotional growth and cognitive growth. A score of 52 or better indicates the mother-infant interaction is progressing toward a nurturing relationship.</p>
NCAST Teaching Scale Administer 1 x 12-18 months 1 x 18-24 months	PPF Card Sort N=27 “Helping my baby learn new things” was the growth area most frequently identified for those participants completing the PPF Card sort <ul style="list-style-type: none"> ■ 14 participants demonstrated much growth in accomplishing this goal ■ 11 participants demonstrated some progress in accomplishing this goal ■ 2 participants have demonstrated no progress in accomplishing this goal.

Mary Bridge Children’s Hospital Parenting Partnership

Parenting Partnership is a home visitation program that engages and supports low-income parents of infants recently released from the neonatal intensive care units. Most of these infants will suffer life-long medical conditions that may inhibit parent-child attachment and exacerbate feeling of loss and stress for their parents. Research reveals such dynamics as high risk factors for child abuse and neglect.

The Parenting Partnership is based on a model developed by Dr. Martha Erickson of the University of Minnesota. The demonstrated results and quality of the Parenting Partnership project were highlighted at the National Family Support America Conference as well as being presented as a model program at Washington States Neglect Symposium during the past year.

Measurement Tools Outcomes

NCAST Standard Observation Tool Indicators include: Sensitivity to cues, Response to distress Social-emotional growth fostering Cognitive growth fostering Infant’s response to caregiver. Videotape Assessment charting 18 behaviors associated with secure infant-	Appropriate care-taking behaviors specific to infants feeding, sleep, play and nurturing needs NCAST N= 29 infant/caregiver dyad scores <ul style="list-style-type: none"> ■ 26/90% scored in the “satisfactory range” ■ 3/10% scored in the Worrisome” category Videotape Assessment N= 22 (parents with children who were old enough to be evaluated in this manner) <ul style="list-style-type: none"> ■ 19/86% met the goal of exhibiting 5 behaviors associated with secure infant/caregiver attachment
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Program Outcomes

Related to Increasing Parent/Caregivers Understanding of the Developmental Needs of Their Children

One program focused on the understanding of the developmental needs of children as their primary reporting outcome although as evidenced by other program descriptions an understanding of children's developmental needs is certainly contained within the design of most programs. As this is a "knowledge/attitude-based outcome" the structure and length of program activities and measurement necessitate very specific indicators to assure the reliability of participant growth.

Spokane County Cooperative Extension Spokane Nurturing Programs

Spokane Nurturing programs is a collaboration of four agencies each providing facilitators trained in the Nurturing Program, a nationally recognized parenting curricula created by Dr. Stephen Bavolek. This program provides both parenting and youth focused curricula. The children's classes are constructed to the developmental range of children ages five through fourteen. Each week a focused theme is introduced to both the parent and children's groups allowing families a shared learning experience which is further reinforced through group support as well as didactic learning.

The Nurturing program evaluation method is facilitated by use of a standardized measurement tool, the Adult-Adolescent Parenting Inventory-2 (AAPI-2) which is constructed specifically to assess parenting and child-rearing attitudes that are at high risk for child abuse and neglect. The AAPI is administered pre-post completion of the class series and includes a "retrospective" post-evaluation for further qualification of participant growth. Two categories of a possible field of five attitudes identified on the AAPI were assessed; A) inappropriate parental expectations, C) strong belief in the use of corporal punishment.

Measurement Tool Outcomes

AAPI-2	<p>N=41</p> <p>A. Inappropriate Expectations (averaged scores)</p> <p>Pre-test : 5.73</p> <p>Post-test: 6.34</p> <p>*there is a significance level of 0.02888 on a paired samples t-test which is statistically significant as score is <.05</p> <p>C. Corporal Punishment (averaged scores)</p> <p>Pre-test: 4.87</p> <p>Post-test: 5.87</p> <p>*there is a significance level of 0.0182 on a paired samples t-test which is statistically significant as score is <.05</p> <p>The highest risk category is adults who score 1-3 in construct C, (Corporal Punishment). The following table shows the change in scores for adults in two categories, 1-3 (high risk) and 4-10 (lowered risk)</p> <p>1-3 Pre-test: 3.75</p>
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	1-3 Post-test: 4.90 *
	4-10 Pre-test: 4.02
	Post-test: 5.50 *
	*Statistical significance as score is <.05

Program Outcomes

Related to Non-punitive Discipline and Guidance

Two of our funded programs selected non-punitive discipline and guidance as their primary outcome focus while a third program, St. James Family Center focused equally on non-punitive discipline and guidance and parents understanding the developmental needs of their children. Non-punitive discipline and guidance skills can be measured by changes in disciplinary behavior and by participants gaining and employing positive discipline skills. Our experience has been that increasing parents' capacities to employ non-punitive techniques with their children is often experienced as improvements in family communication and enhanced relationships with their children. As such, gains made through service activities often become reinforced through a realization of a "transformation" of the home environment.

St. James Family Center Family Support Services

St. James Family Center provides parent education classes, support groups, home visitation services and daytime crisis respite services to families throughout Wahkiakum County. The broad array of services offered by the St. James Family Center reflects a response to the needs of families within Wahkiakum County as the range of other available child and family services in this rural area is small in contrast to larger metropolitan areas. St. James utilized several different evaluation tools to record program outcomes. The common element to their evaluation protocols was the employment of pre and post (services) data recording and comparative analysis of participant growth.

1. Non-punitive discipline and Guidance Skills **Measurement Tools Outcomes**

Parenting Questionnaire Developed in consultation with Organizational	Outcomes specific to Parent Support Groups		
	N=22		
	Indicators	Pre-test	Post-test
	Said they knew a great deal about	6	13

Research Services	positive discipline		
	Said they knew some about positive discipline	12	9
	Said they knew very little	4	

◆ Discipline guidance techniques used in the past three months (N=22)

Indicator	Pre-test	Post-test
Time Out	13	12
Hitting/slapping	7	1
Distraction/re-direction	13	14
Setting limits	10	11
Spanking	9	3
Yelling/shouting	11	3
Explaining	10	18
Taking away privileges	9	11
Grounding	0	2
Praise	9	18

◆ Parents felt successful when they used positive discipline and guidance (N=22)

Indicator	Pre-test	Post-test
Felt satisfied that their methods of discipline and guidance were successful	8	20
Were not satisfied and felt unsuccessful	14	2

2. Increasing Parents Understanding of the Developmental Needs of Their Children

Measurement Tool Outcomes

Parenting Ladder	◆ Parent can name at least one developmentally appropriate expectation for their child N=10	
	Pre-test	Post-test
	<ul style="list-style-type: none"> ■ One participant was able to name 2 developmentally appropriate expectations. ■ Four participants named 1 ■ Five named 0* 	<ul style="list-style-type: none"> ■ One participant named 3 developmentally appropriate expectations ■ Eight named two ■ One participant named 1

*Home visitation services are typically delivered to extremely high need/risk families with infants and young children. The fact of “high risk” is borne out in the pre-test identification of five parents who could not identify at least one developmental expectation for their child.

The Strong Families / Familias Fuertes Program is based on a nationally recognized parent education curriculum developed by Dr. Marilyn Steele, "Strengthening Multi-Ethnic Families and Communities". This project provides parent education at multiple sites throughout the Yakima Valley. Research related to this program model provides statistical evidence of prevention for child-adolescent substance abuse as well as strong proxy indicators for child abuse prevention. The Program Director for this project has become one of only three trainers in the country to have completed the Strengthening Multi-Ethnic Families and Communities Parent Training Curriculum with Dr. Steele and has begun to build the opportunity of more broadly replicating this program through his community trainings.

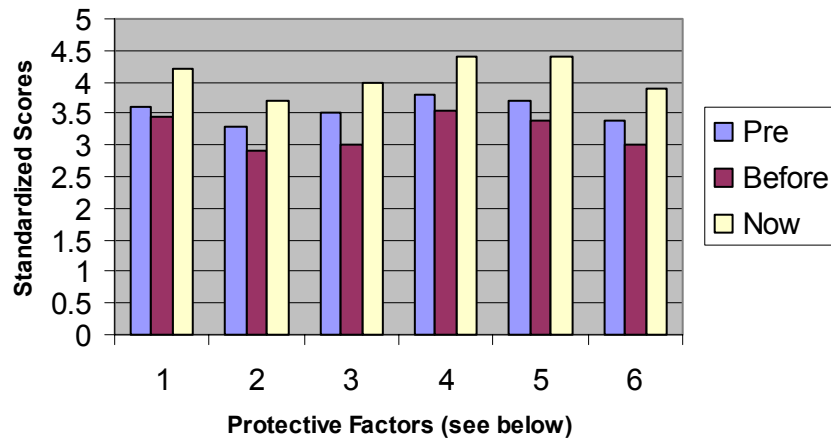
The measurement tool used for this project is the Protective Factor Inventory (PFI) which consists of six scales measuring six different protective factors. Items in three of these scales were selected to best represent changes in parenting skills and strategies related to non-punitive discipline and guidance.

Program Outcomes follow on page 20.

Measurement Tool	Outcomes
PFI Developed in consultation with Dr. Marilyn Steele, Project Evaluator for Substance Abuse Prevention and Organizational	

PFI Developed in consultation with Dr. Marilyn Steele, Project Evaluator for Substance Abuse Prevention and Organizational	
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Strong Families Evaluation Summary Chart (WCPCAN Graduates Years 1 & 2)



Protective Factors:

1. Increase pro-social bonding
2. Set clear, consistent limits
3. Teach life skills
4. Provide care & support
5. Set and communicate high expectations
6. Provide opportunities for meaningful participation

The chart shows data points for each protective factor measured. Data point 2, 4 and 5 are specific indicators of participant gains in Non-Punitive Parenting/Discipline Strategies. The chart shows three data points: 1) a pre-test score (PRE on the chart), 2) a post-test score (NOW on the chart), and 3) a “retrospective test” (BEFORE on the chart). Parents are asked to reflect back to the beginning of the class and (knowing what they know now) assess themselves on each of the items as to how they thought they were performing before the class started. Research demonstrates that because parents can over-inflate their scores at the beginning of a class this “retrospective pre-score” is a more realistic determination of baseline data.

The Spanish Language Parenting Program curriculum, Los Ninos Bien Educados” was developed by Lupita Montoya-Tannatt, Ph.D. and Kerby Alvy, Ph.D specifically to address the needs of poverty-level, newly-immigrant Hispanic parents. This curriculum was selected by the Yakima Valley Farm Workers Clinic as beyond parenting skills, the program address stressors and issues such as acculturation on family dynamics and upon the specific strengths of the traditional Hispanic culture. The Spanish language Parenting Program provides 36 hours of parent education classes and on-site childcare in multiple sites throughout the Yakima Valley. This program also consistently demonstrates an especially high degree of retention noting that during the past year 85% of all those attending (101 parents) “graduated”. Moreover, the Spanish Language Parenting Program reports one of the highest rates of father involvement reporting that 38% of all participants are males.

Measurement Tool Outcomes

Pre & Post Parenting Questionnaire developed by YVFWC in consultation with Organizational Research Services.	N=101			
	Table #1			
	Q3: In the last month what type of discipline have you used in your home? How does it work for you?			
	Discipline / Guidance Technique	Pre	Post	P=
	Time Out +Outcomes (e.g. 51.49% of the participants checked “works well” or “works sometimes” for time out)	52/101 (51.49%)	79/102 (77.45%)	.26
	Redirection	62/95 (65.26%)	74/90 (82.22%)	.09
	First you must then you can	79/102 (77.45%)	95/99 (94.9%)	.10
	Show & tell	83/103 (80.58%)	101/104 (97.12%)	.38
	Praising	80/103 (77.67%)	100/104 (96.15%)	.34
	Family Talk	73/99 (73.74%)	94/100 (94%)	.00
+ (n) varies with each discipline technique as participants did not check the box corresponding to the technique they did not use				
Table #2				
Q4 Do you think “family meetings” increased family communication?				
	Pre	Post	P=	

	Yes	71.96%	88.68%	.13
	Sometimes	22.43%	11.32%	
	No	5.61%	0.0%	

Table #3
Among parents who reported trying the following positive discipline/guidance techniques. The percentage of those who reported that the technique worked well are as follows:

Discipline/Guidance Techniques	Works Well	Works Sometimes
Time out	28.89%	25.56%
Redirection	47.78%	34.44%
First you must then you can	80.43%	14.13%
Show & tell	81.44%	18.56%
Praising	93%	7%
Family talk	82.47%	15.46%

Table #4
Q1: How satisfied are you with family communication?

	Pre	Post	P=
Very Satisfied	27.03%	67.70%	0.00
Somewhat Satisfied	63.96%	20.39%	
Not Satisfied	9.01%	2.91%	

T-test showed a statistically significant difference under “very satisfied with family communication.”

Table #5
Q2: How often in the last month have you sat down as a family to talk and make decisions?

	Pre	Post	P=
5 or more times	15.04%	25.04%	0.00
3-4 times	25.66%	49.04%	
1-2 Times	45.13%	23.08%	
Never	14.16%	3.85%	

T-test reflects a statistically significant difference from pre to post test in the use of family talk.

Program Outcomes
Related to Life Management Self-Sufficiency Skills

One of our funded programs focused on participant gains in life management and self-sufficiency skills. This outcome is a focus for those programs who are working with

populations requiring very specific skills such as family income management, housing, childcare and negotiating the services they will require in order to assure for the safety and basic needs of their children. Not surprisingly, the program selecting this outcome is working with adolescent parents many of whom have not yet completed high school or a G.E.D. equivalency degree. These are parents who have yet to establish a firm grounding for their own lives and concomitantly require active case management in order to build and increase their skill-sets.

Youthnet Independent Living-Parent Education Program

The Independent Living-Parent Education program is located in Mount Vernon and serves pregnant and parenting youth ages 15-21. Collaborative partners for this project include the Skagit and Swinomish Tribal Communities. As adolescents, the parents involved in this program can be hard to engage and require highly skilled family support practitioners that are able to build the trust required to support positive participant outcomes. As noted in other outcome descriptions the number of participants selected for outcome reporting is small in contrast to the total number of participants served, (see program outputs). Assessing the gains in life management and self-sufficiency skills is dependent upon a sustained length of program involvement and in the case of the Independent Living-Parent Education program outcomes are specific to those adolescents who participated in 3 months or more of program services.

Measurement Tools Outcomes

Independent Living Skills Assessment, (administered at intake and at 3-month intervals) developed in consultation with Organizational Research Services	<p>N=10</p> <p>Participants demonstrated an increase in skill level in 69% of the skill categories that they selected to pursue</p> <ul style="list-style-type: none"> ■ Budgeting ■ Community Resources ■ Education ■ Health & Nutrition ■ Healthcare ■ Housekeeping ■ Housing ■ Vocational ■ Interpersonal ■ Transportation ■ Safe & Legal Recreation ■ Pregnancy & Pregnancy Prevention ■ Parenting
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Participant Satisfaction

Fifteen of the sixteen funded programs reported year end participant satisfaction data. Participant satisfaction surveys do vary between programs however the results of each demonstrates the value participants themselves place on the quality of program services. Beyond the satisfaction results, many of the funded programs reported significant rates of participant retention during the year, which can also be seen as a significant indication of families' satisfaction with program services.

Agency	Satisfaction Results												
Youthnet	Parents participating in one to one skills training and parent education classes reported satisfaction on a 1 (low, very unsatisfactory) to 4 (high or very satisfactory) scale. The survey questions measured quality of service on twelve different service domains. N=9 participants completed the customer satisfaction tool. 100% rated services 3.0 or above (medium / high)												
Mary Bridge Children's Hospital	N=20 <ul style="list-style-type: none"> 100% of respondents that attended psycho-educational support groups indicated that they were “useful” to them 95% of respondents indicated that they “always” felt supported by their home visitor 95% of respondents indicated that they felt comfortable and were able to talk openly with their home visitor. 												
Chelan-Douglas Health District	N=19 <ul style="list-style-type: none"> 100% of participants are satisfied with the home visiting services provided in their home Two clients would like to continue although their children are two years old (beyond the range of program services) 												
Central Washington Comprehensive Mental Health	Participant satisfaction is measured in two ways, 1) a qualitative measure on the PFI using a 1-5 (high) scale and 2) open-ended satisfaction questions as post-test. <ul style="list-style-type: none"> Average satisfaction = 4.6 out of a possible 5 Sample comments, (see final pages of WCPCAN Year End Report) 												
Yakima Valley Farm Workers Clinic	N=110 How satisfied were you with information learned? <table border="1" data-bbox="623 1199 1490 1272"> <tr> <td>Very Satisfied</td><td>95.45%</td></tr> <tr> <td>Satisfied</td><td>4.55%</td></tr> </table> How satisfied were you with the quality of teachers? <table border="1" data-bbox="623 1304 1490 1377"> <tr> <td>Very Satisfied</td><td>88.99%</td></tr> <tr> <td>Satisfied</td><td>11.01%</td></tr> </table> How satisfied were you with the quality of childcare? <table border="1" data-bbox="623 1409 1490 1482"> <tr> <td>Very Satisfied</td><td>83.33%</td></tr> <tr> <td>Satisfied</td><td>16.67%</td></tr> </table>	Very Satisfied	95.45%	Satisfied	4.55%	Very Satisfied	88.99%	Satisfied	11.01%	Very Satisfied	83.33%	Satisfied	16.67%
Very Satisfied	95.45%												
Satisfied	4.55%												
Very Satisfied	88.99%												
Satisfied	11.01%												
Very Satisfied	83.33%												
Satisfied	16.67%												
St. James Family Center	N=51 <ul style="list-style-type: none"> 96% feel that Family Support Services are “very important” to them 84% feel that Family Support Services helped them “a lot” 96% are satisfied with the assistance they have received from staff and volunteers 												
Grays Harbor Children's Advocacy Center	N=12 <ul style="list-style-type: none"> 100% indicated they were “very satisfied” with the quality of services. 17% noted their family was “much improved” 66% indicated “slightly better” and 17% reported “no change in response to the question of family functioning pre & post services. 100% indicated they were “very satisfied” in their ability to 												

	contact staff and access services when a crisis or emergency happened. <ul style="list-style-type: none">100% reported they would recommend (these) services to a friend.																		
The Family Support Center of South Sound	N=9 Satisfaction measured on a 1-5 (most valuable) scale <ul style="list-style-type: none">Kinship Support Group was rated at 4.8 by respondents.100% noted that the sup[port group had “helped me with the challenges I’ve faced in raising a relative’s child(ren)																		
Volunteers of America	N=9 <ul style="list-style-type: none">7 reported that their needs were met “very well” through the class2 reported their needs were met “well” through the class.																		
Spokane County Cooperative Extension	N=505* Surveys are administrated weekly thus 505 represent the number of surveys vs. the number of participants responding. <ul style="list-style-type: none">98% of the surveys indicated they were satisfied with the parent education class and would recommend it to another personNurturing Fathers class = 100% said they would recommend it to another man																		
Safe Harbor Crisis Nursery	N=13 <table><tr><td></td><td>Strongly Agree</td><td>Agree</td></tr><tr><td>Staff treated me with respect</td><td>11</td><td>2</td></tr><tr><td>Child is well cared for</td><td>12</td><td>1</td></tr><tr><td>Childcare was available when needed</td><td>10</td><td>3</td></tr><tr><td>Got support that was needed</td><td>11</td><td>2</td></tr><tr><td>Will call again, if needed</td><td>11</td><td>2</td></tr></table>		Strongly Agree	Agree	Staff treated me with respect	11	2	Child is well cared for	12	1	Childcare was available when needed	10	3	Got support that was needed	11	2	Will call again, if needed	11	2
	Strongly Agree	Agree																	
Staff treated me with respect	11	2																	
Child is well cared for	12	1																	
Childcare was available when needed	10	3																	
Got support that was needed	11	2																	
Will call again, if needed	11	2																	
Children’s House Family Resource Center	N=16 <ul style="list-style-type: none">100% report being respected by their Family Advocate12% report that “most” of their identified needs were met100% report feeling comfortable and able to confide with the Family Advocate75% met people to talk to about parenting100% felt that “parenting was going better”																		
Nooksack Valley School District	N=25 <ul style="list-style-type: none">21 families expressed high satisfaction (4 & 5’s on a 1-5 (high) scale4 families expressed satisfaction at the level of “3” on the five-point scaleNo survey indicated dissatisfaction																		
First Step Family Support Center	<ul style="list-style-type: none">100% of the families responding reported satisfaction with their home visitor in at least 5 of 6 categories																		
Vancouver Children's Therapy Center	N=28 <ul style="list-style-type: none">91% “agreed or strongly agreed” that childcare was available when they needed it.By phone survey, 71% of those responding (58) indicated they “felt better off and more supported as a result of the services provided by the Caring Connection																		

Lutheran Family Services	<p>No participant satisfaction reported for 2001-2002. Past two-year data indicates an average of 90% satisfaction with program services.</p> <p>Current indication of program satisfaction</p> <ul style="list-style-type: none"> 100% of participants responding to a recent survey (50) noted they would be willing to volunteer or support the Latino Resource Center in some way.
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Conclusion

We are extremely pleased by the outcome results documented in this report and wish to acknowledge the hard work and commitment by all of the programs who made this report possible. Additionally we wish to acknowledge our consultants, Organizational Research Services who have played a significant role with each of our programs, providing them the technical assistance required to develop and build their capacities for outcome reporting.

Based on the data presented in this report, most of the community programs funded by WCPCAN have demonstrated a significant improvement in their ability to establish and implement evaluation protocol and report meaningful program outcomes. This systematic incorporation of outcome measurement into daily program activities has allowed many programs to become stronger and more established.

Outcome Measurement Capacity

Representatives of our funded programs report that evaluation efforts have assisted them with program planning and program representatives report that through their ability to collect and monitor program data, they are easily able to identify program strengths and weaknesses and use data for the purposes of continuing to develop and improve programs and services. For example, outcome measurement allowed the staff of one of the WCPCAN community program, the Spokane Nurturing Program, to see clearly that the outcome they had chosen as the primary change for parents participating in the program was not the area where the program had the most effect. While this was initially disappointing for program staff, the data were clear that the program was quite effective in assisting parents to change in other ways (specifically, parents use of positive discipline and guidance). Thus, program staff were able to better understand what they were doing well, better communicate what they were doing well, and better focus program efforts on achieving appropriate outcomes.

Another WCPCAN program, Safe Harbor Crisis Nursery, noted that their data indicated about one-third of parents who were being linked to needed community resources were not accessing those resources. This information would not have been as clear without the systematic and ongoing data collection processes the program had in place. The information motivated program staff to explore why parents were not accessing services and how program staff might effectively address this issue.

It is WCPCAN's belief that the programs that have developed abilities with regard to measuring outcomes and using data will not only continue to improve and strengthen, but will be able to sustain their efforts on behalf of vulnerable children and families long after their direct support from WCPCAN has ended.

Results of Outcome Measurement

Generally, WCPCAN funds small community-based programs whose resources allow them to provide high quality services to a limited number of families. As a result, the outcomes reported by WCPCAN's funded programs cannot necessarily be widely applied. However, as indicated above, outcome measurement and programs' effective use of data ensures that services to families are indeed of the highest quality, and there is substantial evidence throughout this report of ways in which parents and families have experienced positive changes as a result of program services.

Among those programs whose outcome was to link parents with social supports, the majority of program participants reported being connected to more supports and/or reported that the quality of those connections was improved. Similarly, programs that focused on helping parents develop the attitudes and skills necessary to nurture and bond with their young children were able to demonstrate strong improvements among the parents served. Additionally, the majority of parents participating in programs where learning and applying positive discipline and guidance techniques was the focus showed an increase in skills and comfort in using those skills.

These results support WCPCAN's belief that our programs make a significant difference in the lives of vulnerable families, and that these programs contribute to the prevention of child abuse and neglect throughout Washington State. In contrast to the high costs of foster care placements and additional intervention services that are a consequence of child abuse and neglect, the investment in programs that focus on assisting parents and families develop skills, behaviors and resources necessary to prevent abuse and neglect seems a wise investment choice.

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